

Founded 1642



**New Hall School**  
The Best Start in Life

PLACE  
STUDENT  
PHOTO  
HERE

**FORM 7**

**Health Care Plan for a student with medical needs**

Name and date of birth of child	
Year group	
Condition and date diagnosed	

Review date	
-------------	--

**Contact Information 1**

Name and relationship to student.	
Contact numbers	

**Contact Information 2**

Name and relationship to student.	
Contact numbers	

Clinic/ Hospital contact	Name Phone number
--------------------------	----------------------

GP Contact	
------------	--

Details of condition and symptoms	
-----------------------------------	--

Treatment and medication	
Details of specific care at home	
Details of specific care at school	
Emergency care	

Details of equipment needed whether daily or in the event of any changes in condition e.g wheelchair	
Signature of Parent/Guardian	

Date	
------	--

**Please return completed forms to:**

The Health Centre, New Hall School, The Avenue, Boreham, Chelmsford, Essex CM3 3HS or by email via: [healthcentre@newhallschool.co.uk](mailto:healthcentre@newhallschool.co.uk)